

not in possession of sufficient first-hand knowledge to express a worth-while opinion. He did, however, point out some of the major factors which he construed as having been most important in the successful development of Britain's system, among which are the following:

1. The homogeneity of the race in England, Scotland and Wales, and the likeness of the psychological background of the people of those English-speaking states.

2. The homogeneity of the medical profession, in so far as race-type and general professional training and outlooks are involved; in contrast, for instance, to California, with its separate licensing boards for doctors of medicine, doctors of osteopathy and doctors of chiropractic and widely varying educational and other standards; or to the United States, where each of the forty-eight states, as an expression of police power in safeguarding the health and lives of its people, could set up systems of healing art licensure as diverse as exist today in some of the individual commonwealths. To be noted also, in passing, is the fact that in the United States a national standard of licensure would be unconstitutional, because it would infringe upon those police powers guaranteed by the Constitution of the United States.

3. The existence in Britain of the permanent civil service personnel, which has continuous and real authority to carry out the acts and laws of Parliament, no matter what political group may name the nominal heads of the governmental departments.

Without such expert, impartial and nonpolitical supervision, he was of the opinion that a health insurance system such as exists in England, Scotland and Wales would in the United States, from the beginning, be enormously handicapped in its organization, and prove practically impossible of successful development. The distinguished speaker emphasized also, as his personal opinion, that it was doubtful, therefore, whether a successful health insurance system could be created here under conditions wherein political forces would be in major authority.

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These Stipulations Must Be Kept in Mind in Discussions of Health Insurance Systems.—Few authorities are more often quoted in connection with Britain's system of health insurance than Sir Henry B. Brackenbury, on which account his frank comments to the group of Los Angeles physicians who were present at the dinner in his honor, and who took part in asking questions, are worthy of special consideration. They are commended especially to the careful, considered and continued thought of all American physicians who, enamored of social health insurance as it exists on the European Continent and in Britain, constantly refer to those lands as examples with successful health insurance models, to be patterned after. Sir Henry's analysis of some of the essential component elements, so absolutely necessary in the building up of a successful health insurance system under state supervision, includes factors that, under present political conditions, practically make impossible the creation of similar organizations in the

United States, either as part of a federal program or as commonwealth efforts within the several states of the Union.

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To Summarize.—To repeat, the facts brought out by Sir Henry emphasize the need of clear and logical thinking in the espousal of so extensive a social experiment as health insurance, under control of either federal or state governments. It is important that theoretical aspirations be not permitted to cloud our reasoning to such extent that we blind ourselves to the conditions which a health insurance system must have in order to be successful; and that, if these conditions do not exist in the United States and its constituent commonwealths, it is not good sense to parade the European systems as worthy of duplication. Experience, as intimated by Sir Henry B. Brackenbury, would soon bring into searchlight the deplorable results sure to follow from such illogical imitation.

CONFERENCE OF C. M. A. STANDING COMMITTEES, COUNTY SOCIETY SECRETARIES, AND STATE ASSOCIATION OFFICERS

Conference Will Be Held in San Francisco.—Attention was recently called* to the action of this year's House of Delegates at Del Monte, in authorizing the first mid-year session of members of the standing committees of the California Medical Association, to be held with county society secretaries and officers of the State Association. Because conventions of laymen will so meet in Fresno on the date previously designated, and owing to the inability of President-elect Irvin Abell of the American Medical Association to be present at that time, the Council of the Association, at its meeting in San Francisco on August 15, designated San Francisco as the place of conference, and the probable date, Saturday, October 2.

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Association News Department Gives Program Information.—In the Association News Department of this issue,[†] additional information is given concerning the program. It is urged that chairmen of the standing committees correspond with their respective members, so that reports submitted will represent an expression of thoughtful consideration. A mid-year conference, attended by the executive officers and committeemen of the State Association, with presence of the executive officers of the component county units—the county society secretaries—and their coöperation in discussion, is what might be termed a "Conference of the Committee on the State of the Association."

It is our opinion that these mid-year meetings of officers and committeemen can be productive of great value to the State Association and its component county societies, if all who have responsibilities will but meet their obligations in proper measure. Wherefore it is to be hoped that this first mid-year session will be so successful in results that it will demonstrate the value of the plan as a permanent institution.

* See July issue, page 2, of CALIFORNIA AND WESTERN MEDICINE.

† See page 201.